

**CONFIDENTIAL NOTICE OF CONCERN (Incident Report)**

To be sent to: The Bishop  
The Diocese of Central Pennsylvania  
P.O. Box 11937  
Harrisburg, PA 17108  
Noted: "Confidential"

This format may be used to report boundary violating behavior with children or youth, and with adults.

Individual(s) of concern:

Date of Occurrence:

Time of Occurrence:

Type of Concern:         inappropriate behavior with a child of youth,  
                                  policy violation with children or youth,  
                                  adult sexual exploitation or harassment,  
                                  possible risk of abuse,  
                                  financial misconduct, (  ) other concern

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating? (*attach additional information as needed.*)

Has this situation ever occurred previously? (*attach additional sheets as needed*)

What action was taken? How was the situation handled, who was involved, who was questioned and were police involved? (*attach additional sheets as needed*)

What was the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation? (*attach additional sheets as needed*)

Submitted by \_\_\_\_\_

Telephone Number (        ) \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_